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22883 7590 11/19/2003

**SWERNOFSKY LAW GROUP PC
P.O. BOX 390013
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<i>David Hitz</i>	(Depositor's name)
<i>[Signature]</i>	(Signature)
<i>2/17/2004</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/954,522	09/11/2001	David Hitz	103.1002.12	8740

TITLE OF INVENTION: COPY ON WRITE FILE SYSTEM CONSISTENCY AND BLOCK USAGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	02/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WASSUM, LUKE S	2177	707-001000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Network Appliance, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

*Sunnyvale, CA*Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee

☒ Advance Order - # of Copies *Three (3)*

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☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number *8-0-261* (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

*David Hitz**02-17-2004*

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02/27/2004 NIGEBREM2 00000020 09954522

01 FC:1501	1330.00 DP
02 FC:1504	300.00 DP
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